

Employment Application

Please indicate desired work site(s):

- ☐ Nye
☐ East Boulder
☐ Columbus

Return Completed Application To:

Stillwater Mining Company
 Attention: Central Recruiting
 P.O. Box 1330
 Columbus, MT 59019



STILLWATER
 MINING COMPANY

Please complete every section of the application. Incomplete applications will not be considered. Read the Applicant Statement on the back page and sign in the space provided. We consider applicants for all of our positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Section 1

Name (First)	(MI)	(Last)	Social Security No.	Date
Present Address (Number, Street, and Apt. No.)				Phone No. ()
City, State, Zip				Cell/Message No. ()

Have you ever been employed by Stillwater Mining Company? ☐ Yes ☐ No If yes. . . When? _____ to _____

Have you ever performed work for Stillwater Mining Company as an individual contractor or as an employee of a contractor?

☐ Yes ☐ No If yes. . . Where (work site) ? _____
 Employer's Name : _____ When? _____ to _____

In accordance with the Federal Immigration and Reform Act of 1986, if our Company employs you will be asked to provide documentation that verifies your legal right to work in the United States. If you cannot provide acceptable documentation, we cannot legally employ you. Can you provide such documentation?

☐ Yes ☐ No

Section 2

Type of Employment Desired (check all that apply)	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Intern/Summer	<input type="checkbox"/> Intern/Co-op
Will you work Weekends?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Shift Work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will you work Underground?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Surface Work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Available:	Identify the TYPE OF WORK/POSITION you desire.			

Section 3

Name of School and Location (City and State)	Last Year Completed	Discipline/Major/ Course of Study	Degree Awarded	Graduated?	Grade Point Average (4.0 Scale)
Last Grade School or High School	1 2 3 4			Yes No	
Business, Vocational, Other Studies	1 2 3 4			Yes No	
Colleges Universities	1 2 3 4			Yes No	
	1 2 3 4			Yes No	

Section 4

Please list your complete employment history, present or most recent employer first. Include military service, school vacation jobs exceeding one month, and unpaid or volunteer work experience. If self-employed, state nature of business. Use additional paper if necessary. **Consideration is given based on information provided.**

Dates Month/Year		Hours Per Week	Employers Name and Address	Job Title/Supervisor/Duties	Wage or Salary	Reason for Leaving
From	To					
			Name	Job Title		
			Address	Supervisor		
			City	Your Duties		
			State, Zip			
			Phone ()			
			Name	Job Title		
			Address	Supervisor		
			City	Your Duties		
			State, Zip			
			Phone ()			
			Name	Job Title		
			Address	Supervisor		
			City	Your Duties		
			State, Zip			
			Phone ()			
			Name	Job Title		
			Address	Supervisor		
			City	Your Duties		
			State, Zip			
			Phone ()			
			Name	Job Title		
			Address	Supervisor		
			City	Your Duties		
			State, Zip			
			Phone ()			

Section 4a

Place an "X" next to each type of equipment for which you have experience **and** indicate length of experience (in months or years)

Equipment Type	Experience	Equipment Type	Experience
<input type="checkbox"/> Rubber-tired Jumbo – Pneumatic		<input type="checkbox"/> Dozer	
<input type="checkbox"/> Rubber-tired Jumbo – Hydraulic		<input type="checkbox"/> Road Grader	
<input type="checkbox"/> Underground Haulage Truck		<input type="checkbox"/> Loader	
<input type="checkbox"/> Rubber-tired Underground Loader		<input type="checkbox"/> Skidsteer (Bobcat)	
<input type="checkbox"/> Rail Jumbo – Pneumatic		<input type="checkbox"/> Backhoe	
<input type="checkbox"/> Rail Loader		<input type="checkbox"/> Tractor	
<input type="checkbox"/> Underground Locomotive		<input type="checkbox"/> Jackhammer	
<input type="checkbox"/> Slusher		<input type="checkbox"/> Forklift	
<input type="checkbox"/> CAVO Loader		<input type="checkbox"/> Other (list	
<input type="checkbox"/> Jackleg Drill			
<input type="checkbox"/> Diamond Drill			

Section 5

List two references. (Do not include relatives or the employers you listed in the "Employment History" section). If you are a college student or recent graduate, please include a faculty reference.

Name	Occupation	Telephone No.	Years Known

It is our company practice to insure that people who are related to one another do not supervise each other. If employed in the position for which you have applied, would you be in a supervisory relationship to any relative or member of your household?

Name	Relationship

Section 6

1. Licenses and certificates held (Professional, Pilot, Marine, Radio, etc.). If you are applying for a position that requires a motor vehicle license, please list all motor vehicle operators' licenses that you possess, including the number and issuing state for each.

2. Occupational skills or trades (Word Processing, Spreadsheets, Programming Languages, Machine Operator, Welding, Concrete Work, Wood/Metal Construction etc.)

3. List any other pertinent information in support of this application (e.g., civic activities, offices held, etc.)

4. According to Alcohol, Tobacco and Firearms (ATF) regulations, anyone to whom the following applies may not use, distribute or handle explosives. Any offer of employment is subject to a background investigation.

- ☐ Yes ☐ No Have you ever been convicted in any court of a felony, or any other crime, for which the **judge could have** imprisoned you for more than one year, even if you received a shorter sentence, including probation?
- ☐ Yes ☐ No Are you under indictment or information in any court for a felony, or any other crime, for which the judge could imprison you for more than one year?
- ☐ Yes ☐ No Are you an Alien in the United States? If yes, are you a lawful permanent resident alien? ☐ Yes ☐ No
- ☐ Yes ☐ No Have you ever been discharged from the Armed Forces under dishonorable conditions?
- ☐ Yes ☐ No Have you ever renounced your U. S. citizenship?
- ☐ Yes ☐ No Are you a fugitive from justice?

Applicant Statement

I authorize the Company, except as may otherwise be noted by me below, to discuss with others all information that I have given related to my application for employment and to obtain from others all information believed by the Company to be related to my suitability for employment. I authorize schools, present and former employers, public officials and others to respond fully to such inquires and I hold them harmless for any such response.

Pre-Employment/Post Offer Physical Examination/Drug and Alcohol Testing

Offers of employment with the Company are conditional, requiring the satisfactory completion of a pre-employment physical, drug/alcohol testing and background investigation. I agree to submit to a pre-employment, post-offer physical examination, including drug and alcohol testing to evaluate my physical ability to safely perform the job for which I am applying. I understand that the Company is responsible for the cost of the initial physical. However, I agree to pay for any additional supplementary testing or evaluation required to determine my fitness of duty by the facility providing the pre-employment exam.

Pursuant to the Company's Drug and Alcohol Policy, I understand that all employees are subject to drug and alcohol testing as a condition of employment with the Company. Offers will be rescinded for those applicants who test positive pursuant to Policy provisions. If employed by Stillwater Mining Company, I agree to adhere to the Company Drug and Alcohol Policy and understand that I may be required to submit to random breath and/or urine testing. The Company Policy prohibits the possession, distribution, use, consumption, or being under the influence of alcohol or illegal unauthorized and other harmful substances in order to provide a safe and healthy environment for employees, visitors and members of the general public. A copy of the policy will be provided upon request.

I hereby authorize the collection of samples or specimens, the analysis of samples or specimens and the release of the results of any Company requested physical examination and/or toxicology tests to the Company. I agree to hold the Company, its employees, agents, directors, and officers from any liability whatsoever arising from this request to furnish a breath or specimen sample, the testing of these samples or specimens and decisions made concerning my application for employment based upon the results of the test. I acknowledge that I have a right to receive a copy of this signed release.

Authority to Work in the United States

I understand and agree that as a condition of my employment, I must be authorized to work in the United States and demonstrate that authorization as required by the Immigration Reform and Control Act of 1986.

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By signing this application, I am verifying that the information provided herein is true, accurate and complete. If the information I provide on this application is false or incomplete, I understand that any offer of employment made to me will be rescinded, and/or I will be discharged from such employment.

Applicant's Signature: _____ Date: _____

Additional Information

[illegible]